

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only			
Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference FPAA/214 (PCT)	
International application No. PCT/IN02/00235	International filing date (day/month/year) 16th December 2002 (16.12.2002)	(Earliest) Priority date (day/month/year) -----	
Title of invention <b>NOVEL CRYSTALLINE FORM OF QUINAPRIL HYDROCHLORIDE AND PROCESS FOR PREPARING THE SAME</b>			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  <b>LUPIN LIMITED</b> 159, C.S.T. Road, Kalina, Santacruz (East) Mumbai - 400 098 State of Maharashtra, India		Telephone No.: +91 22 2652 6391	
		Facsimile No.: +91 22 2652 6663	
		Teleprinter No.:	
State (that is, country) of nationality: IN		State (that is, country) of residence: IN	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  <b>SINGH, Girij Pal</b> Lupin Limited (Research Park) 46/47 A, Nande Village, Taluka Mulshi, Pune - 411 042 State of Maharashtra, India			
State (that is, country) of nationality: IN		State (that is, country) of residence: IN	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  <b>RAWAT, Govind Singh</b> Lupin Limited (Research Park) 46/47 A, Nande Village, Taluka Mulshi, Pune - 411 042 State of Maharashtra, India			
State (that is, country) of nationality: IN		State (that is, country) of residence: IN	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.			

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**DHAKE, Vilas Nathu**  
Lupin Limited (Research Park)  
46/47 A, Nande Village,  
Taluka Mulshi, Pune - 411 042  
State of Maharashtra, India

State *(that is, country)* of nationality: IN

State *(that is, country)* of residence: IN

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**NEHATE, Sagar Purshottam**  
Lupin Limited (Research Park)  
46/47 A, Nande Village,  
Taluka Mulshi, Pune - 411 042  
State of Maharashtra, India

State *(that is, country)* of nationality: IN

State *(that is, country)* of residence: IN

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:



Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☒ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation.  
The address must include postal code and name of country.)*MAJUMDAR, S  
GANGULI, Dr. S.  
NAG, Siddhartha  
VAIDYA, Meghna  
KASBEKAR, M. G.S. MAJUMDAR & CO.  
5, Harish Mukherjee Road  
Calcutta - 700 025  
India

Telephone No.: + 91 33 2455 7484

Facsimile No.: + 91 33 2455 7487  
+ 9133 2455 7488

Teleprinter No.:

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments or the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |          |
|--|---|----------|
| 1. translation of international application                              | : | sheets   |
| 2. amendments under Article 34   | : | sheets   |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets   |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets   |
| 5. letter  | : | 1 sheets |
| 6. other ( <i>specify</i> )  | : | sheets   |

For International Preliminary Examining Authority use only

received not received

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> fee calculation sheet  | 5. <input type="checkbox"/> statement explaining lack of signature     |
| 2. <input type="checkbox"/> original separate power of attorney                          | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney                           | 7. <input type="checkbox"/> other ( <i>specify</i> ):                  |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: |  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).*

**S. MAJUMDAR, Agent**  
(Registration No. IN/PA-126)

Place : Calcutta

Date : 08.01.2003

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ the date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on :

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) **FPA/214 (PCT)**

<b>Box No. I TITLE OF INVENTION :</b> <b>NOVEL CRYSTALLINE FORM OF QUINAPRIL HYDROCHLORIDE AND PROCESS FOR PREPARING THE SAME.</b>	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  <b>LUPIN LIMITED</b> <b>159, C.S.T. Road, Kalina, Santacruz (East)</b> <b>Mumbai - 400 098</b> <b>State of Maharashtra, India</b>	Telephone No. + 91 22 652 6391  Facsimile No. + 91 22 652 6663  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality : <b>IN</b>	State (that is, country) of residence : <b>IN</b>
This person is applicant for the purpose of : <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR (S)</b>	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  <b>SINGH, Girij Pal</b> <b>Lupin Limited (Research Park)</b> <b>46A/47A, Nande Village,</b> <b>Taluka Mulshi, Pune - 411 042</b> <b>State of Maharashtra, India</b>	This person is :  <input type="checkbox"/> applicant only  <input checked="" type="checkbox"/> applicant and inventor  <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality : <b>IN</b>	State (that is, country) of residence : <b>IN</b>
This person is applicant for the purposes of : <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE, OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  <b>MAJUMDAR, S.</b> <b>SEN, Anjan</b> <b>MITRA, C. R.</b> <b>KASBEKAR, M. G.</b> <b>S. MAJUMDAR &amp; CO.</b> <b>5, Harish Mukherjee Road</b> <b>Calcutta - 700 025</b> <b>India</b>	Telephone No. + 91 33 455 7484  Facsimile No. + 91 33 455 7487 + 91 33 455 7488  Teleprinter No.  Applicant's registration No. with the Office <b>IN/PA-126 (Agent's Registration No.)</b>
<input type="checkbox"/> Address for correspondence : Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III <b>FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  <b>RAWAT, Govind Singh</b> <b>Lupin Limited (Research Park)</b> <b>46A/47A, Nande Village,</b> <b>Taluka Mulshi, Pune - 411 042</b> <b>State of Maharashtra, India</b>	This person is : <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality : <b>IN</b>	State (that is, country) of residence : <b>IN</b>
This person is applicant for the purposes of : <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
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State (that is, country) of nationality : <b>IN</b>	State (that is, country) of residence : <b>IN</b>
This person is applicant for the purposes of : <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  <b>NEHATE, Sagar Purshottam</b> <b>Lupin Limited (Research Park)</b> <b>46A/47A, Nande Village,</b> <b>Taluka Mulshi, Pune - 411 042</b> <b>State of Maharashtra, India</b>	This person is : <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality : <b>IN</b>	State (that is, country) of residence : <b>IN</b>
This person is applicant for the purposes of : <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address : (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  (This section is blank in the original image)	This person is : <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality :      .....	State (that is, country) of residence :      .....
This person is applicant for the purposes of : <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet	

Box No. V DESIGNATION OF STATES Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Cote d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

**National Patent** (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> GM Gambia  | <input checked="" type="checkbox"/> NZ New Zealand .....              |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> HR Croatia .....                                   | <input checked="" type="checkbox"/> OM Oman                           |
| <input checked="" type="checkbox"/> AL Albania .....                      | <input checked="" type="checkbox"/> HU Hungary .....                                   | <input checked="" type="checkbox"/> PH Philippines .....              |
| <input checked="" type="checkbox"/> AM Armenia .....                      | <input checked="" type="checkbox"/> ID Indonesia                                       | <input checked="" type="checkbox"/> PL Poland .....                   |
| <input checked="" type="checkbox"/> AT Austria .....                      | <input checked="" type="checkbox"/> IL Israel .....                                    | <input checked="" type="checkbox"/> PT Portugal .....                 |
| <input checked="" type="checkbox"/> AU Australia .....                    | <input checked="" type="checkbox"/> IN India .....                                     | <input checked="" type="checkbox"/> RO Romania                        |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> IS Iceland   | <input checked="" type="checkbox"/> RU Russian Federation .....       |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina .....       | <input checked="" type="checkbox"/> JP Japan .....                                     |   |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> KE Kenya .....                                     | <input checked="" type="checkbox"/> SD Sudan                          |
| <input checked="" type="checkbox"/> BG Bulgaria .....                     | <input checked="" type="checkbox"/> KG Kyrgyzstan .....                                | <input checked="" type="checkbox"/> SE Sweden                         |
| <input checked="" type="checkbox"/> BR Brazil .....                       | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea .....     | <input checked="" type="checkbox"/> SG Singapore                      |
| <input checked="" type="checkbox"/> BY Belarus .....                      | <input checked="" type="checkbox"/> KR Republic of Korea .....                         | <input checked="" type="checkbox"/> SI Slovenia .....                 |
| <input checked="" type="checkbox"/> BZ Belize .....                       | <input checked="" type="checkbox"/> KZ Kazakhstan .....                                | <input checked="" type="checkbox"/> SK Slovakia .....                 |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> LC Saint Lucia                                     | <input checked="" type="checkbox"/> SL Sierra Leone .....             |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka                                       | <input checked="" type="checkbox"/> TJ Tajikistan .....               |
| <input checked="" type="checkbox"/> CN China .....                        | <input checked="" type="checkbox"/> LR Liberia   | <input checked="" type="checkbox"/> TM Turkmenistan .....             |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LS Lesotho .....                                   | <input checked="" type="checkbox"/> TN Tunisia                        |
| <input checked="" type="checkbox"/> CR Costa Rica .....                   | <input checked="" type="checkbox"/> LT Lithuania                                       | <input checked="" type="checkbox"/> TR Turkey .....                   |
| <input checked="" type="checkbox"/> CU Cuba .....                         | <input checked="" type="checkbox"/> LU Luxembourg                                      | <input checked="" type="checkbox"/> TT Trinidad and Tobago .....      |
| <input checked="" type="checkbox"/> CZ Czech Republic .....               | <input checked="" type="checkbox"/> LV Latvia  | <input checked="" type="checkbox"/> TZ United Republic of Tanzania    |
| <input checked="" type="checkbox"/> DE Germany .....                      | <input checked="" type="checkbox"/> MA Morocco .....                                   | <input checked="" type="checkbox"/> UA Ukraine .....                  |
| <input checked="" type="checkbox"/> DK Denmark .....                      | <input checked="" type="checkbox"/> MD Republic of Moldova .....                       | <input checked="" type="checkbox"/> UG Uganda .....                   |
| <input checked="" type="checkbox"/> DM Dominica                           | <input checked="" type="checkbox"/> MG Madagascar                                      | <input checked="" type="checkbox"/> US United States of America ..... |
| <input checked="" type="checkbox"/> DZ Algeria .....                      | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia ..... | <input checked="" type="checkbox"/> UZ Uzbekistan .....               |
| <input checked="" type="checkbox"/> EC Ecuador .....                      | <input checked="" type="checkbox"/> MN Mongolia  | <input checked="" type="checkbox"/> VN Viet Nam .....                 |
| <input checked="" type="checkbox"/> EE Estonia .....                      | <input checked="" type="checkbox"/> MW Malawi .....                                    | <input checked="" type="checkbox"/> YU Yugoslavia .....               |
| <input checked="" type="checkbox"/> ES Spain .....                        | <input checked="" type="checkbox"/> MX Mexico .....                                    | <input checked="" type="checkbox"/> ZA South Africa .....             |
| <input checked="" type="checkbox"/> FI Finland .....                      | <input checked="" type="checkbox"/> MZ Mozambique                                      | <input checked="" type="checkbox"/> ZM Zambia                         |
| <input checked="" type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> NO Norway  | <input checked="" type="checkbox"/> ZW Zimbabwe .....                 |
| <input checked="" type="checkbox"/> GD Grenada                            |  |   |
| <input checked="" type="checkbox"/> GE Georgia .....                      |  |   |
| <input checked="" type="checkbox"/> GH Ghana .....                        |  |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet :

<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

<b>Box No. VI      PRIORITY CLAIM</b>				
The priority of the following earlier application(s) is hereby claimed :				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is :		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as : <input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> item (5) <input type="checkbox"/> other, see Supplemental Box				
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10 (b) (ii)) : .....				
<b>Box No. VII      INTERNATIONAL SEARCHING AUTHORITY</b>				
Choice of International Searching Authority (ISA) (if two or more International Searching authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used) : <b>ISA / EP</b> .....				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority) : Date (day/month/year)                      Number                      Country (or regional Office)				
<b>Box No. VIII      DECLARATIONS</b>				
The following declaration are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration) :				Number of declarations
<input type="checkbox"/>	Box No. VIII (i)	Declaration as to the identity of the inventor		:
<input type="checkbox"/>	Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent		:
<input type="checkbox"/>	Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application		:
<input type="checkbox"/>	Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)		:
<input type="checkbox"/>	Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty		:



Box No. IX <b>CHECK LIST; LANGUAGE OF FILING</b>													
<p>This international application contains:</p> <p>(a) the following number of <b>Sheets in paper form:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">request (including declaration sheets)</td> <td style="width: 20%; text-align: right;">5</td> </tr> <tr> <td>description (excluding sequence listing part)</td> <td style="text-align: right;">28</td> </tr> <tr> <td>claims</td> <td style="text-align: right;">11</td> </tr> <tr> <td>abstract</td> <td style="text-align: right;">1</td> </tr> <tr> <td>drawings</td> <td style="text-align: right;">6</td> </tr> <tr> <td><b>Sub-total number of sheets</b></td> <td style="text-align: right; border-top: 1px solid black;"><b>51</b></td> </tr> </table> <p>sequence listing part of description (<i>actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below</i>)</p> <p><b>Total number of sheets</b> : 51</p> <p>(b) sequence listing part of description filed in <b>computer readable form</b></p> <p>(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p>(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p><b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (<i>additional copies to be indicated under item 9(ii), in right column</i>): .....</p>	request (including declaration sheets)	5	description (excluding sequence listing part)	28	claims	11	abstract	1	drawings	6	<b>Sub-total number of sheets</b>	<b>51</b>	<p>This international application is accompanied by the following item(s) (<i>mark the applicable check-boxes below and indicate in right column the number of each item</i>):</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> fee calculation sheet</li> <li>2. <input type="checkbox"/> original separate power of attorney</li> <li>3. <input type="checkbox"/> original general power of attorney</li> <li>4. <input type="checkbox"/> copy of general power of attorney; reference number. if any: .....</li> <li>5. <input type="checkbox"/> statement explaining lack of signature</li> <li>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....</li> <li>7. <input type="checkbox"/> translation of international application into (language): .....</li> <li>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</li> <li>9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))               <ol style="list-style-type: none"> <li>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</li> <li>(ii) <input type="checkbox"/> (<i>only where check-box (b) (i) or (b) (ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</li> <li>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column</li> </ol> </li> <li>10. <input type="checkbox"/> other (<i>specify</i>): .....</li> </ol>
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description (excluding sequence listing part)	28												
claims	11												
abstract	1												
drawings	6												
<b>Sub-total number of sheets</b>	<b>51</b>												
<p><b>Figure of the drawings</b> which should accompany the abstract: .....</p>	<p><b>Language of filling of the international application:</b>      <b>ENGLISH</b></p>												
<p><b>Box No. X      SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b></p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading request).</i></p> <div style="height: 100px; border: 1px solid black; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 20px;"> <b>S. MAJUMDAR, Agent</b>  <b>(Registration No. IN/PA-126)</b> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Place    Calcutta</span> <span>Date    14/12/2002</span> </div>													

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